



NEWTON ABBOT
RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1954

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H. M. DAVIES,
M.A., M.R.C.S., L.R.C.P., D.P.H.,
ASSISTANT COUNTY MEDICAL OFFICER:
DEVON COUNTY COUNCIL.
MEDICAL OFFICER OF HEALTH:
DAWLISH U.D.C.
NEWTON ABBOT R.D.C.
NEWTON ABBOT U.D.C.
TEIGNMOUTH U.D.C. AND
PORT HEALTH AUTHORITY.

COUNCIL OFFICES,

KINGSTEIGNTON ROAD,

NEWTON ABBOT.

TELEPHONE: NEWTON ABBOT 715/6.

NEWTON ABBOT RURAL DISTRICT COUNCIL
ANNUAL REPORT - 1954.

Mr. Chairman and Councillors,

Ladies and Gentlemen,

I present my Annual Report for the year ended the 31st.
December, 1954.

The Death rate continues to be very much below the National level, especially after applying the Registrar General's factor for correction due to the fact that there are many more older people in this Rural District than are to be found in the more populous parts of the Country.

The comparison of the Death rates of the Rural District and of the Country as a whole for the past five years are of interest:-

	<u>Rural District</u>	<u>England & Wales</u>
1950	11.88	11.6
1951	11.84	12.5
1952	9.47	11.3
1953	9.49	11.4
1954	10.33	11.3

No cases of Measles were notified during the year, but ninety-nine more cases of Whooping Cough were notified than in 1953. Twenty-eight cases of Tuberculosis were notified: This is a slight increase on the figures for the previous year. This is almost certainly due to the improved methods of diagnosis, including Mass Radiography, and is no cause for concern.

Since the derationing of meat the question of the relicensing of the pre-war slaughterhouses had to be considered. Your Chief Sanitary Inspector and I were of the opinion that it would be retrogressive from the Public Health point of view to allow

slaughtering to recommence in some of these slaughterhouses in view of their being located in the most built up areas of the villages. The Council considered, however, that there was a public need for the re-opening of slaughterhouses and licenses expiring on the 31st. July, 1957 were granted in respect of all applicants. The policy of the Ministry is one of 'moderate concentration' and it is to be hoped that a modern abattoir to serve this area will be introduced in the foreseeable future.

During the year a large amount of time was devoted to visiting older people in the area who for some reason or other are not receiving adequate care and attention. The problem of the aged people becomes more acute as each year passes by, and the difficulty of obtaining accommodation either in the County Council's homes for such persons or even worse in the Geriatric Section of Hospitals becomes desperate especially during the months of April, May and June.

One of the worst problems is due to the Administrative difficulties caused by there being two separate authorities dealing with those who need Hospital attention and those for whom no nursing is required. Cases arise from time to time of persons who have been kept at their homes and have, with periodical visits from the District Nurse, just managed to carry on. When the point arises where it is no longer possible for the person to stay in his home, a Hospital bed has to be found. The County Council's homes do not reckon to and are not staffed for the care of such persons. The Hospitals have a long waiting list of persons who would benefit from the facilities that only a Hospital can offer and rightly feel that a Hospital bed is being wasted by admitting such a patient for an indefinite period.

The logical solution to this problem would be for the duties of caring for the aged persons to be in the hands of one authority. A body such as this should be able to co-ordinate the work of the various organisations involved. First by increasing the scope of the help which can be provided in the patients own home, or perhaps by the organisation of a 'Boarding out' service with private families as is done successfully in Exeter. The other major improvement which a unified authority could effect would be in the allocation of beds for the various types of patients and provision could also be made for those 'intermediate' cases who need only minimal Hospital treatment.

Another problem is the ever increasing number of campers who arrive in the district at the height of the holiday season. These campers are unable to find accommodation in sites which are equipped with the necessary water supply and sanitary conveniences and in consequence many fields which are unsuitable from the public health point of view are crowded with tents and caravans for a period of about a month. Sanitation is at its



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most primitive when the risk of the spread of fly borne diseases, including poliomyelitis, it at its greatest.

The solution to this problem is not easy. This Council could issue Public Health licences for a limited period to landowners who would be prepared to offer the minimal requirements of a good water supply and sanitary accommodation for a period covering the peak of the holiday season - say about six to eight weeks. The Town and Country Planning Authority would almost certainly oppose the extension of camping sites in the way suggested on the grounds of amenity, but there can be no doubt that the popularity of this type of camping holiday is increasing annually and it is probable that more and more people will be coming to South Devon with their tents in each succeeding August. Having arrived, they will stay: If there are no adequate sanitary arrangements for them they will manage without, to the detriment of everyone, including the local ratepayer.

The water supply to the District has been kept under constant supervision and the bacteriological purity has, with few exceptions, been of a high standard. I would again point out the technical difficulties of maintaining a large number of small independent water supplies and again urge that every opportunity should be taken to abolish these small sources of supply as and when the large trunk supplies become available.

The arrangements for sewage disposal in some of the smaller parishes remains primitive, and it seems that no great improvement can be expected until such time as large capital sums become available for the necessary engineering works. In the meantime it may be observed that there has been no noticeable difference in the incidence of sewage borne diseases between those parishes which have good disposal systems and those which have not.

I should like to thank the Chairman, Councillors, and all members of the staff for the help and co-operation received during the year.

I have the honour to be,

Your obedient Servant,



Medical Officer of Health.

1st. November, 1955.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	92,650
Population Mid 1954	26,090
Population 1951 Census	25,795
Rateable Value as at 1st. January, 1954	£. 149,679
Rateable Value as at 31st. December, 1954	£. 150,410
Product of 1d. rate as at 1st. April, 1954	£. 614

VITAL STATISTICS.

LIVE BIRTHS.

	Male.	Female.	Total.
Legitimate	156	149	305
Illegitimate	9	5	14
	<hr/> 165	<hr/> 154	<hr/> 319.

Crude Live Birth rate per 1000 total population	12.23
Corrected Live Birth rate per 1000 total population	14.31
Crude Live Birth rate per 1000 total population Administrative County of Devon	13.08
Corrected Live Birth rate per 1000 total population Administrative County of Devon	14.91
Live Birth rate per 1000 total population England & Wales	15.2

STILL BIRTHS.

	Male.	Female.	Total.
Legitimate	2	2	4
Illegitimate	1	1	2
	<hr/> 3	<hr/> 3	<hr/> 6

Still Birth rate per 1000 population	0.23
Still Birth rate per 1000 total live and still births	18.46
Still Birth rate per 1000 total live and still births England & Wales	23.4

DEATHS.

The average age at death, from all causes, was found to be 70.41 years. It is of interest to note that the average age of all male deaths was 68.58 years and for female deaths 72.06 years.

Male.	Female.	Total.
165	185	350.
Crude Death rate per 1000 total population		13.41
Corrected Death rate per 1000 total population		10.32
Crude Death rate per 1000 total population Administrative County of Devon		14.18
Corrected Death rate per 1000 total population Administrative County of Devon		10.49
Death rate per 1000 total population England and Wales		11.3

Infant Mortality.

(Death of Infants under 1 year)

	Male.	Female.	Total.
Legitimate	2	7	9
Illegitimate	-	-	-
Infant Mortality rate (Death of Infants under one year) per 1000 related live births			28.21
Infant Mortality rate Administrative County of Devon			25.48
Corresponding rate for England and Wales			25.5

Neo-natal Mortality.

(Death of Infants under 4 weeks)

	Male.	Female.	Total.
Legitimate	2	4	6
Illegitimate	-	-	-
Neo-natal Mortality rate (Death of Infants under 4 weeks) per 1000 related live births			18.81
Neo-natal Mortality rate Administrative County of Devon			16.79
Corresponding rate for England and Wales			17.7

DEATHS. (continued)

Maternal Mortality.

No maternal deaths occurred during 1954 in this District:
four maternal deaths occurred within the Administrative County
of Devon.

AGE AT DEATH.

	Male.	Female.
Infants under 4 weeks	2	4
do. do. 1 year	-	3
1 -	1	-
5 -	-	-
15 -	3	1
25 -	8	5
45 -	30	24
65 -	51	42
75 and over	70	106
	<hr/> 165 <hr/>	<hr/> 185 <hr/>

Total: 350.

CAUSES OF DEATH.

	Male.	Female.
All Causes	165	185
Tuberculosis - respiratory	1	3
Syphilitic Disease	1	-
Malignant neoplasm stomach	5	3
Malignant neoplasm lung, bronchus	7	3
Malignant neoplasm breast	2	7
Malignant neoplasm uterus	-	3
Other malignant & lymphatic neoplasms	21	20
carried forward	<hr/> 37 <hr/>	<hr/> 39 <hr/>

CAUSES OF DEATH (continued)

	Male.	Female.
brought forward	37	39
Leukaemia, aleukaemia	2	-
Diabetes	1	-
Vascular lesions of nervous system	20	26
Coronary disease, angina	17	17
Hypertension with heart disease	3	4
Other heart disease	28	45
Other circulatory disease	9	10
Influenza	-	2
Pneumonia	2	5
Bronchitis	15	4
Other diseases of respiratory system	2	4
Ulcer of stomach and duodenum	1	2
Gastritis, enteritis and diarrhoea	-	1
Hyperplasia of prostate	7	-
Congenital malformations	1	4
Other defined and ill-defined diseases	16	17
Motor vehicle accidents	2	1
All other accidents	-	4
Suicide	2	-
	<hr/> 165 <hr/>	<hr/> 185 <hr/>

Total: 350.

INFECTIOUS DISEASES.

	Male.	Female.	Total.
Scarlet Fever	3	7	10
Whooping Cough	58	65	123
Acute Pneumonia	3	2	5
Erysipelas	—	1	1
	<hr/> 64 <hr/>	<hr/> 75 <hr/>	<hr/> 139. <hr/>

Total: 139.

TUBERCULOSIS.

Twenty-one cases of pulmonary and seven cases of non-pulmonary tuberculosis were notified during the year. Details are set out in the following table:

<u>AGE PERIODS.</u>	<u>CASES.</u>			
	Pulmonary		Non-pulmonary.	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
Under five years	—	—	1	—
5 —	—	—	—	1
15 —	—	4	1	1
25 —	4	2	—	—
45 —	8	—	—	1
65 and over	1	1	—	1
Age unknown	—	1	—	1
	<hr/> 13 <hr/>	<hr/> 8 <hr/>	<hr/> 2 <hr/>	<hr/> 5 <hr/>

Total: 28.

HOUSING.

During the year 1954 thirty houses have been completed as shown in the table given below:-

PARISH.	NUMBER OF HOUSES.
BOVEY TRACEY	5
KERSWELLS (Abbotskerswell)	6
KINGSTEIGNTON	10
	<hr/>
	21
	<hr/>

Total: 21.

Private Enterprise.

During the year the number of Houses completed under the heading of private enterprise was one hundred and fifteen.

ACTION UNDER HOUSING ACTS.

Under the provisions of Section 11 of the Housing Act, 1936

Three Notices were served.

Three premises were closed to comply with Statutory Undertakings which had been given.

Eight properties were re-conditioned according to Undertakings given.

Under the provisions of Section 9 of the Housing Act, 1936.

No Notices were served during 1954.

Housing Act, 1949.

No grants were made under the provisions of the Housing Act, 1949.

MILK AND DAIRIES REGULATIONS, 1949.

A Notice under Article 20 of the Milk and Dairies Regulations, 1949 was served on a producer of accredited milk following the discovery of the bacteria of tuberculosis in a routine sample. This notice prohibits the sale of milk from the herd for human consumption unless it has been heat treated or is used for manufacturing purposes. The notice was withdrawn after the infected cow had been traced and slaughtered.

NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

Official action under Section 47 of the National Assistance Acts, 1948 and 1951 was necessary in one case during 1954.
